

DIVERSITY MONITORING FORM - Confidential

Please check [x] ONE box to indicate the category which most fits you.

1. Dependents

How many dependents do you have responsibility for?

I have responsibility for one or more dependents	
I do not have responsibility for one or more dependents	
Prefer not to say	

2. Ethnicity

What is your ethnic group?

African	African, African Scottish or African British	
	Any other African background (Please specify)	
Asian, Asian Scottish or Asian British	Bangladeshi	
	Indian, Indian Scottish or Indian British	
	Pakistani, Pakistani Scottish or Pakistani British	
	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	Chinese, Chinese Scottish or Chinese British	
	Any other Asian background (Please specify)	
Caribbean or Black	Caribbean, Caribbean Black or Caribbean British	
	Black, Black Scottish or Black British	
	Any other Caribbean or Black background (Please specify)	
Mixed or Multiple	Any mixed or multiple ethnic group (Please specify)	
Other Ethnic Group	Arab, Arab Scottish or Arab British	
	Any other ethnic group (Please specify)	
White	Scottish	
	English	
	Welsh	
	Northern Irish	
	Irish	
	Gypsy/Traveler	
	Polish	
	Other white ethnic group (Please specify)	
Prefer not to say		

3. Religion and Belief

What is your religion or belief?

None		Muslim	
Church of Scotland		Buddhist	
Roman Catholic		Sikh	
Other Christian		Jewish	
Hindu		Other philosophical belief or religion	

		(Please specify)	
Prefer Not to Say			

4. Sex

What is your sex?

Male including trans male	
Female including trans female	
Prefer not to say	

5. Gender Reassignment

Do you currently or have you previously considered yourself as transgender?

Yes	
No	
Prefer not to say	

6. Sexual Orientation

Bisexual	
Gay/Lesbian	
Heterosexual	
Prefer not to say	
Other (please specify)	

7. Disability

Do you consider yourself to have a disability?

Yes (If you wish, please specify your disability)	
No	
Prefer Not to Say	

8. Age

What is your age group?

Under 18		50 – 59	
18 – 29		60 – 65	
30 – 39		Over 65	
40 - 49		Prefer not to say	

9. Employment Status

What is your employment status?

Freelance (contract of 364 days or shorter)	
Permanent or long term contract (365 days +)	
Sole trader	
Running own limited company	
Voluntary or unpaid work	
Unemployed	
Student	
Other (please specify)	
Prefer not to say	

10. Qualifications

What is the highest qualification you hold?

Entry Level	Access 1-3, Entry Level Certificates	
Level 1	Intermediate 1, General Standard Grade, SVQ1, NVQ Level 1, GCSEs/O Levels at grade D-G	
Level 2	Intermediate 2, Credit Standard Grade, SVQ 2, NVQ Level 2, GCSEs/O Levels at Grades A*-C	
Level 3	Highers, SVQ Level 3, HNC, NVQ Level 3, AS and A Level	
Level 4	HND, SVQ Level 4, NVQ Level 4	
Level 5	Bachelors/Ordinary Degree, Graduate Diploma, Professional Development Awards	
Level 6	Master's Degree, SVQ Level 5, Professional Development Award	
Level 7	Doctoral Degrees	
Other	Any other qualification (please specify)	
Prefer Not to Say		

Declaration

I understand that the information I have provided above will be recorded and processed by NFTS Scotland in accordance with the Data Protection Act 1998 and the data protection principles contained therein.

Date:

Thank you for your co-operation